Application #____

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match

Application for Residential Building and Trades Permit

Owner's Name:CT Homes _ NC LLC	Date: 5 14 2020
Site Address: 10 + Labrach Unive	DIA 200
Directions to job site from Lillington: Hwy 401N From Lillington	and to E
Left on Chalybeate Rd for 18 mile, Avery	Pond on Left
Subdivision: Avery Pond	Lot: 119
Description of Proposed Work: New Construction - SFI	2 # of Bodrooms: 3
Heated SF: 1800 Unheated SF: Finished Bonus Room?	bong Crawl Space: Slate
LGI Homes-NO LIO	<u>n</u>
Building Contractor's Company Name	919-795-39 2 2 Telephone
Address The Walls	Keith. Sears a L G. Thomes, com
Address 74803 License # The Woodlands, Tx 77380	Email Address
Description of Work New Construction Service Size:	on 200 Amps T-Pole: ✓ Yes No
Electrical Contractor's Company Name	919-710-7881
106 N Lombard of Suit (D)	Telephone Chn Structure & Cross also have a
Lacenta Clayton NC 27520	Construction Comcelectrical (
License #	
Mechanical/HVAC Contractor Inform	ation
Description of Work New Construction	
Caryl Mechanical Mechanical Contractor's Company Name	704-882-4522
59/0 Starkhall Days	Telephone
Address Drive Monroe	mwalker acary/mechanicals.com Email Address
16647 - Douglas Bivens	Lindi Addiess
Plumbing Contractor Information	1
Description of Work New Construction	# Baths_ 2 1/2
Thortons Plumbha Plumbing Contractor's Company Name	<u>AIU-550-4833</u> Telephone
3160A VIOSED BOTTLANTON NE 97627	Telephone
Plumbing Contractor's Company Name 3160 A VINSON RO Clayton NC 27527 Address	Email Address
License #	
Insulation Contractor Information	
lat las I t	
nsulation Contractor's Company Name & Address	919-661-0999 Telephone

*NOTE: General Contractor / owner must fill out and sign the second page of this application.

I hereby certify that I have the authority to make necessary application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes, and the Harnett County Zoning Ordinance. I state the information on the above contractors is correct as known to me and that by signing below I have obtained all subcontractors permission to obtain these permits and if any changes occur including listed contractors, site plan, number of bedrooms, building and trade plans, Environmental Health permit changes or proposed use changes, I certify it is my responsibility to notify the Harnett County Central Permitting Department of any and all changes.

EXPIRED PERMIT FEES - 6 Months to 2 years permit re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee schedule.

Signature of Owner/Contractor/Officer(s) of Corporation

Date

Affidavit : The undersigned applicant being t	for Worker's C	ompensation N.C.G.S. 87-14	
General Contractor	Owner	Officer/Agent of the Contractor	or Owner
Do hereby confirm under penalties set forth in the permit:	of perjury that the	person(s), firm(s) or corporation(s) p	performing the work
Has three (3) or more emplo	oyees and has obt	ained workers' compensation insurar	nce to cover them.
them. Has one (1) or more subcon	tractors(s) and ha	s obtained workers' compensation in	surance to cover
Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance covering themselves.			
Has no more than two (2) employees and no subcontractors.			
While working on the project for which this permit is sought it is understood that the Central Permitting Department issuing the permit may require certificates of coverage of worker's compensation insurance prior to issuance of the permit and at any time during the permitted work from any person, firm or corporation			
Company or Name: LGI Hom	nes - NC, L	LC.	
Sign w/Title: Zwilf-	Regional Co	nstruction Manage Date:	5/14/2020